



Main Office  
One Charles Park  
Cambridge, MA 02142-1206  
Phone 617-679-MTRS (6877)  
Fax 617-679-1661  
Online mass.gov/mtrs

## Retirement Deduction Submittal

| SCHOOL DISTRICT |      | PAYROLL MONTH / YEAR |
|-----------------|------|----------------------|
| Agency Number   | Name | mm/yyyy              |
|                 |      |                      |

| Check number | Date<br>mm/dd/yyyy | Regular Deductions | 2% Deductions | Installments | Total |
|--------------|--------------------|--------------------|---------------|--------------|-------|
|              |                    |                    |               |              |       |
|              |                    |                    |               |              |       |
|              |                    |                    |               |              |       |
|              |                    |                    |               |              |       |
| FILE TOTALS  |                    |                    |               |              |       |

### COMMENTS

Check Variance  
(see comments)

### CONTACT PERSON IF THERE IS A PROBLEM:

|       |  |     |  |
|-------|--|-----|--|
| Name  |  |     |  |
| Title |  |     |  |
| Phone |  | Fax |  |
| Email |  |     |  |

I hereby certify that the information presented on this form and the accompanying deduction report is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send your completed form, monthly report and check to the MTRS Lockbox: **W6970, Massachusetts Teachers' Retirement System, P.O. Box 7777, Philadelphia, PA 19175-6970**. Please do NOT send your paperwork or check to our Main office unless specifically requested by your Employer Services Representative.